

Insurer's Reconciliation Statement

Calendar Year: 2005

Group Name: _____ NAIC Group Code: _____

Company Name: _____ NAIC Company Code: _____

1. Direct Premiums Written

Enter the amount of direct premiums written during the period **January 1, 2005** through **December 31, 2005**

This amount should equal what is reported to the Vermont Department of Banking, Insurance, Securities & Health Care Administration (BISHCA), on the company's annual statement. [Exhibit of Premiums and Losses (Statutory Page 14 Data), Line 16, Column 1]

1. _____

2. Annual Assessment Due

The Vermont General Assembly establishes the assessment rate annually. The current assessment rate is .4 %. Multiply the amount on Line 1 by .004. This is the total annual assessment due.

2. _____

3. Quarterly Assessments Previously Submitted

Enter the quarterly assessments submitted throughout calendar year 2005.[NOTE: negative amounts (credits) **SHOULD NOT** be listed here, with the exception of the amount carried forward.]

Amount carried forward from 2004 _____

1st Quarter _____2nd Quarter _____3rd Quarter _____4th Quarter _____

TOTAL AMOUNT PREVIOUSLY SUBMITTED = 3. _____

4. Balance Due

Subtract line 3 from line 2. If the amount is **greater** than 0, this is the remaining assessment amount due. If the amount is **less** than 0, enter the amount on line 5.

Make Checks Payable to: **Vermont Department of Labor**
Forward check, and this form to: Attn: Fiscal - Workers' Comp Admin Fund
Post Office Box 488
5 Green Mountain Drive
Montpelier VT 05601-0488

AMOUNT DUE = 4. _____

5. Credit to be applied to next quarterly submission or Amount to be refunded

If line 5 is less than 0, this amount will be credited against the next estimated quarterly assessment due. Alternatively, this amount may be refunded upon requested.

CREDIT = 5. _____

6. Certification

I certify that the information submitted, identified above, is true and accurate.

(Signature)_____
(Date)

Name: _____

Telephone: _____

Title: _____

Fax Number: _____

Email: _____

Group Address: _____

Company Address: _____

● Please include a copy of the "Exhibit of Premiums and Losses (Statutory Page 14 Data)" with your submission ●